

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKUSDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC#
DATE FILED: 6/10/10

PRO SE OFFICE

Benjamin Holmes10 Civ. 4046 ()

(In the space above enter the full name(s) of the plaintiff(s).)

AMENDED
COMPLAINT

-against-

New York City Park & Recreation
Attn: Personnel
24 West 61st Street
New York NY 10023 No 28347Jury Trial: ☐ Yes ☐ No
(check one)Clinical Managed care N.Y.S. Office of
Temporary and Disability Assistance
P.O. Box 22023 Albany N.Y. 12201
By Fax 518-473 6735

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Benjamin Holmes
Street Address P.O. Box 764
County, City Bronx
State & Zip Code New York 10469
Telephone Number 917 971-4738 or 718 798 3602

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

USDC SDNY
DOCUMENT
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DOC#

DATE FILED:

Defendant No. 1 Name New York City Park & Recreation Att. Personnel
 Street Address 24 West 61st Street
 County, City New York
 State & Zip Code New York 10023
 Telephone Number _____

Defendant No. 2 Name Clinical Managed Care N.Y.S. Office ^{Temporarily of Disability}
 Street Address Assistance P.O. Box 220223
 County, City Albany
 State & Zip Code New York 12201
 Telephone Number _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right

is at issue? I am a U.S.C. my Birth Place Beaufort S.C. I Bind a Citizen of New York For 43 years Birth day 4/19/53 Amended # 53-025560

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Brooklyn New York

Defendant(s) state(s) of citizenship New York N.Y.

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? New York Parks & Recreation

B. What date and approximate time did the events giving rise to your claim(s) occur? Jun 25th of 2006

C. Facts: Doctor examen me in 2005 with a enlarge Heart and a Leaky vale and was examen by the City Doctors And they resposbes was the same

What happened to you?

Who did what?

No

Was anyone else involved?

Who else saw what happened?

I was call into the New York City Human Resources administration Welfare management System. In may 202006 to tell me that they was not paying my rent no more that I have to go to work I toll the worker that I cant work because I have a Heart Condition I was Examer by your Doctors Stating No Work. and I ask Him to Look in the Computer that it would tell Him no worke He said to me He dont Care.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I had a heart operation on gun 5 2007 I had Mechanical Valve Replacement. The doctor toll Me if I dont have the Surgery that I will be a vegetable For the Rest of my life. I am on medication For the Rest of my Life the is to control my Valve and a Stroke and I have nother Valve that Leaking this are all the medication I coumadin 2 Nifedipine 3 Simvastatin 4 Metoprolol 5 Hydrochlorothiazide 6 Lyrica - this is Every day.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I want to be compensation for what happen to me because I went there a lot of pain and suffer and die on the table when I had the surgery. I am asking for one million dollars for compensation and for what am going there now the doctor was trying to make the heart work by giving me treatment

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of Jun, 2010.

Signature of Plaintiff

Mailing Address

Bengamin Halmei
P.O. Box 764
Bronx NY - 10469

Telephone Number

Fax Number (if you have one)

917 971-4738
718-798 3602

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this 10 day of Jun, 2010 am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

Bengamin Halmei

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

10 03 4046

-----X
BENJAMIN HOLMES,

Plaintiff,

ORDER

-against-

CLINICAL MANAGED CARE N.Y.S.
OFFICE OF TEMPORARY AND
DISABILITY ASSISTANCE; NEW YORK
CITY PARKS & RECREATION

Defendants. :
-----X

U.S. DISTRICT COURT
S.D. OF N.Y.
2010 MAY 17 10:10:11

Plaintiff brings the instant complaint *pro se*.¹ He alleges that an employee of the City of New York Human Resources Administration, knowing that plaintiff's doctor had found that plaintiff was unable to work, informed plaintiff that "payment on [his] rent" would be stopped unless plaintiff returned to work. Compl. at 4. Plaintiff alleges that between June 25, 2006, and November 25, 2006, he "got sick on the job two time[s]" and that if a doctor had not assisted him he "would not be living today." *Id.* at 3. Plaintiff's request to proceed *in forma pauperis* is granted. For the following reasons, plaintiff is directed to submit an amended complaint within sixty (60) days of the date of this order.

Discussion

New York City Parks and Recreation Department

The New York City Parks and Recreation Department lacks the capacity to be sued and, therefore, is not a proper defendant. The capacity to sue or be sued is determined by the law of the

¹This complaint was received by the Court's Pro Se Office on September 25, 2009.

State in which the district court is held. See Yonkers Comm’n on Human Rights v. Yonkers, 654 F. Supp. 544, 551 (S.D.N.Y. 1987). The New York City Charter provides in pertinent part:

All actions and proceedings for the recovery of penalties for the violation of any law shall be brought in the name of the city of New York and not in that of any agency, except where otherwise provided by law.

New York City Charter § 396. Given that the New York City Parks and Recreation Department is an agency of the City of New York, it does not have the capacity to be sued because suit against the agency can only be brought in the name of the City of New York.

Subject Matter Jurisdiction

Plaintiff fails to sufficiently allege that the Court has subject matter jurisdiction. The subject matter jurisdiction of the federal district courts is limited and is set forth generally in 28 U.S.C. §§ 1331 and 1332. Under these statutes, federal jurisdiction is available only when a “federal question” is presented, 28 U.S.C. § 1331, or when plaintiff and defendant are of diverse citizenship and the amount in question exceeds \$75,000, 28 U.S.C. § 1332. “[I]t is common ground that in our federal system of limited jurisdiction any party or the court *sua sponte*, at any stage of the proceedings, may raise the question of whether the court has subject matter jurisdiction.” United Food & Commercial Workers Union, Local 919, AFL-CIO v. CenterMark Properties Meriden Square, Inc., 30 F.3d 298, 301 (2d Cir. 1994) (quoting Manway Constr. Co. v. Housing Auth. of Hartford, 711 F.2d 501, 503 (2d Cir. 1983)). Moreover, “[w]here jurisdiction is lacking, . . . dismissal is mandatory.” Id.; see also Fed. R. Civ. P. 12(b)(1) and 12(h)(3).

Plaintiff alleges that the Court’s jurisdiction is based on diversity of citizenship. See Compl. at 2. Diversity jurisdiction requires that “all of the adverse parties in a suit . . . be completely diverse.” E.R. Squibb & Sons, Inc. v. Accident & Cas. Ins. Co., 160 F.3d 925, 930 (2d Cir. 1998).

“Diversity is not complete if any plaintiff is a citizen of the same state as any other defendant.” See Cresswell v. Sullivan & Cromwell, 922 F.2d 60, 68 (2d Cir. 1990). Plaintiff alleges that both he and defendants are citizens of New York. See Compl. at 2. Having failed to allege that the parties have diverse citizenship, plaintiff cannot invoke the Court’s diversity jurisdiction pursuant to § 1332.

With regard to federal question jurisdiction, as presently pleaded, plaintiff fails to state any claim for a violation of the Americans with Disabilities Act of 1990 (“ADA”), 42 U.S.C. §§ 12112-12117, the only federal statute that he appears to invoke. Title I of the ADA prohibits employers from discriminating “against a qualified individual with a disability because of the disability of such individual.” 42 U.S.C. § 12112(a). In order “[t]o state a claim under the ADA, [plaintiff] must allege facts sufficient to support a finding that: (a) he is a qualified individual with an ADA-covered disability; and (b) [defendant] discriminated against him because of his disability.” Buckley v. Consolidated Edison Co. of New York, 127 F.3d 270, 272 (2d Cir. 1997).

Title I of the Americans with Disabilities Act provides that the remedies for an aggrieved party are those set forth in Title VII of the Civil Rights Act of 1964. In turn, Title VII requires a plaintiff to file a charge with the Equal Employment Opportunity Commission (“EEOC”) prior to filing a claim in federal court. See 42 U.S.C. § 2000e-5(a) (exhaustion requirement). The filing of charges with the EEOC and the issuance of a “Right to Sue” letter by the EEOC are conditions precedent to the filing of an action in federal court under the ADA. 42 U.S.C. § 2000e-5(b), (e), (f); Cirales v. American Airlines, Inc., 105 F.3d 93, 95 (2d Cir. 1997); Francis v. City of New York, 235 F.3d 763, 768 (2d Cir. 2000) (“presentation of a Title VII claim to the EEOC...[is] a precondition to bringing a Title VII action [.]”); see also NAACP v. Town of East Haven, 259 F.3d 113, 115 n.4 (2d Cir. 2001) (“A right-to-sue letter is a prerequisite to bringing a Title VII suit.”). In New York,

an employment discrimination claim must be filed with the EEOC within 300 days of the alleged discriminatory act. Pikulin v. City Univ. of New York, 176 F.3d 598, 599 (2d Cir. 1999) (per curiam); Butts v. City of New York Dep't of Hous. Pres. & Dev., 990 F.2d 1397, 1401 (2d Cir. 1993). To the extent that plaintiff alleges that his employer violated the ADA, he fails to allege that he has exhausted his administrative remedies with the EEOC. If plaintiff is able to state an ADA claim under the standards articulated herein, and if he chooses to submit an amended complaint, plaintiff is directed to include allegations regarding whether he exhausted his administrative remedies with respect to such claim.

Moreover, it is unclear whether plaintiff alleges that his employer was the New York State Office of Temporary and Disability Assistance or the New York City Parks & Recreation Department. With regard to the former, it is well-settled that the Eleventh Amendment bars claims for damages against non-consenting states and against entities that are considered "arms of the state," Clissuras v. City University of New York, 359 F.3d 79, 81 (2d Cir. 2004) (per curiam), unless the state has waived its immunity, or Congress has explicitly and constitutionally abrogated the state's immunity, Lapides v. Bd. of Regents of Univ. Sys. of Ga., 535 U.S. 613, 618 (2002). Because the New York State Office of Temporary and Disability Assistance is an agency of the State of New York, it is entitled to Eleventh Amendment immunity. See Rosenberger v. New York State Office of Temporary and Disability Assistance et al., 153 Fed. Appx. 753 (2d Cir. 2005) (affirming dismissal of claims against New York State Office of Temporary and Disability Assistance on Eleventh Amendment grounds). As Congress did not validly abrogate the Eleventh Amendment immunity of the states in enacting Title I of the ADA, suits in federal court by state employees to recover money damages by reason of the state's failure to comply with Title I of the ADA are barred

by the Eleventh Amendment. Bd. of Trustees of the Univ. of Alabama v. Garrett, 531 U.S. 356 (2001); Garcia v. S.U.N.Y. Health Sciences Center of Brooklyn, 280 F.3d 98 (2d Cir. 2001) (“Title I of the ADA . . . is not an effective abrogation of state sovereign immunity under the Eleventh Amendment”). The Eleventh Amendment therefore bars any claim for damages under Title I of the ADA that plaintiff may be asserting against the New York State Office of Temporary and Disability Assistance.

Federal Rule of Civil Procedure 8(a)

Under Federal Rule of Civil Procedure 8(a)(2), a pleading must contain a “short and plain statement of the claim showing that the pleader is entitled to relief.” While the pleading of a *pro se* litigant should be liberally construed in his favor, Pabon v. Wright, 459 F.3d 241, 248 (2d Cir. 2006), a *pro se* litigant is not relieved of the requirement of stating a plausible claim. See Sheehy v. Brown, No. 08-0102, 2009 WL 1762856, *1 (2d Cir. Jun. 23, 2009). The pleading standards outlined in Rule 8 do not require detailed factual allegations; however, they do demand “more than an unadorned, the-defendant-unlawfully-harmed-me accusation.” Ashcroft v. Iqbal, __ U.S. __, 129 S. Ct. 1937, 1949 (2009) (citing Bell Atl. Corp. v. Twombly, 550 U.S. 544, 555 (2007)). A complaint will not suffice “if it tenders ‘naked assertion[s]’ devoid of ‘further factual enhancement.’” Id. (citing Twombly, 550 U.S. at 557). The instant complaint fails to comply with Rule 8 and cannot be sustained in its present form. The Court is unable to discern the nature of plaintiff’s claims or the conduct in which the defendants are alleged to have engaged.

The Second Circuit has held that a district court should afford a *pro se* plaintiff an opportunity to amend his complaint prior to its dismissal for failure to state a claim unless the court can rule out any possibility, however unlikely it might be, that an amended complaint would succeed

in stating a claim. See Gomez v. USAA Fed. Sav. Bank, 171 F 3d 794, 795 - 96 (2d Cir. 1999). Plaintiff is therefore granted leave to submit an amended complaint clarifying the nature of his claims.

Conclusion

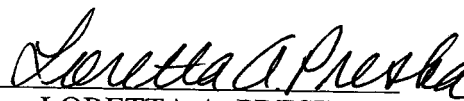
Plaintiff is hereby directed to file an amended complaint in accordance with the standards set forth above. Should plaintiff decide to file an amended complaint, it must be submitted to this Court's *Pro Se* Office within sixty (60) days of the date of this order, be captioned as an "AMENDED COMPLAINT" and bear the same docket number as this order. Plaintiff is advised that the amended complaint will completely replace the original complaint. Plaintiff is further directed to attach a copy of this order to the amended complaint. No summons shall issue at this time, and all further proceedings shall be stayed for sixty (60) days or until plaintiff has complied with this order. If plaintiff fails to comply with this order within the time allowed or show good cause why he cannot comply, the complaint will be dismissed. Once submitted, the amended complaint shall be reviewed for compliance with this order and substantive sufficiency, and then, if proper, the case shall be reassigned to a district judge in accordance with the procedures of the Clerk's Office. The Court certifies pursuant to 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith. See Coppedge v. United States, 369 U.S. 438, 444-45 (1962).

SO ORDERED

MAY 17 2010

Dated:

New York, New York


LORETTA A. PRESKA
Chief Judge

MONTEFIORE



Burke Avenue

941 Burke Avenue Bronx, NY 10469
(718) 654-5900 Fax: (718) 654-0053

05/26/2010

Benjamin Holmes
Po Box 764 Apt# 3c
Bronx, NY 10469

To whom it may concern:

Benjamin Holmes is a patient in this office on coumadin for a metal valve placed 4/2007. He may not use pain medications containing the analgesic acetaminophen and this medication will raise his anticoagulation levels and increase the chance of bleeding.

If you have any questions, please call us @ 718-654-5900. We appreciate being able to work with you.

Sincerely,

Joel Posner, MD

A large, stylized handwritten signature in black ink, appearing to be 'Joel Posner'.

JOEL POSNER, M.D.
941 Burke Avenue
Bronx, NY 10469
(718) 654-5900 • Fax 654-0053

PQR150

CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEMDATE: 03/11/10
TIME: 10:41:17

*** RECORD CHANGE HISTORY ***

EMPLOYEE ID: 0333620
PAY NO: 846
EFF DATE: 03/11/10EMP NAME: HOLMES
JOB SEQ#: 1
CURR LV STAT: A

BENJAMIN

CHG NO	EFF DATE	RSN TYPE	B	T	M	L	X	RSN	CD	DESCRIPTION	LV	STAT
01	11/19/06	-	-	-	-	-	-	008		TERMINATE NON-PERMANENT	A	
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03	05/18/06	-	-	-	-	-	-	A2D		NON-COMPET SOC SVCS LAW 336-E	B	
	05/18/06	-	-	-	-	-	-	Z98		CITY START DATE CHANGE	B	
04	01/12/01	-	-	-	-	-	-	G05		PAY CLASS CHANGE	A	
05	09/05/00	-	-	-	-	-	-	F04		DISMISSED DUE TO CHARGES	A	
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08	06/24/99	-	-	-	-	-	-	E61		RESUMPTION OF SEASONAL WORK	B	
09	09/08/98	-	-	-	-	-	-	L61		SUSPENSION OF SEASONAL WORK	N	
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PF KEYS: 1-RECORD SEL 2-DATA SEL 3-NOT USED 4-PREV PAGE 5-NEXT PAGE
REASON TYPE LEGEND: B=BUDGET T=TITLE M=METHOD L=LEAVE X=TRANSFER

Date: 3/11/2010 Time: 10:49:13 AM

POR050

CITY OF NEW YORK

PAYROLL MANAGEMENT SYSTEM

DATE: 03/11/10
TIME: 10:48:41

*** EMPLOYEE RECORD SELECTION ***

ENTER SOC SEC NO: 100 42 3996 CK DG ==> 0 (ENTER X FOR CK DG INQUIRY)

OR
ENTER EMPL ID: 0333620

ENTER FULL NAME: LN: HOLMES

FN: BENJAMIN

MI:

REC NO PAY NO JSN ENTY EFF DATE LV STAT ----- LEAVE DESCRIPTION -----
01 846 1 C 11/19/06 A CEASED

SELECT A REC NO. ==>

** OR ** HIT PF1 FOR EMPLOYEE NAME SELECTION

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

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T	NO pay

I/We attest to the accuracy of all time and leave information.

Supervisor's Signature: [Signature]
Supervisor's AUTHORIZATION: [Signature]
DATE: 5-20

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
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Reasons for CT, Paid OT and / or Remarks

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Supervisor's Signature: [Signature]
Supervisor's AUTHORIZATION: [Signature]
DATE: 5/20/06

Before submitting, please make sure the following information appears on timecard:

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I/We attest to the accuracy of all time and leave information.

Supervisor's Signature: [Signature]
Supervisor's AUTHORIZATION: [Signature]
DATE: 6/3/06

Name Benjamin Holmes
ERN 3996
Reg Title JTP 7-330
Borough BX Dist #21105

Name Benjamin Holmes
ERN 3996
Reg Title JTP 7-330
Borough Bronx Dist 8

		HOURS WORKED		HOURS WORKED	
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T			P.B.		
F		7:00	12:00	12:30	3:30
S		7:00	12:00	12:30	3:30
TOTALS				32	

		HOURS WORKED		HOURS WORKED	
		TIME IN	LUNCH OUT IN	TIME OUT	REG HRS
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EVENT CODE		S	M	T	W	T	F	S
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8151								

		TIMEKEEPING USE ONLY						
EVENT CODE		S	M	T	W	T	F	S

Before submitting, please make sure the following information appears on timecard:

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3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp, Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

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Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
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3. Indicate AM & PM hours
4. Lunch Hours
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6. Leave Usage (Sick, Annual, Comp, Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

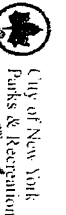
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I/We attest to the accuracy of all time and leave information.

I/We attest to the accuracy of all time and leave information.

EMPLOYEE'S SIGNATURE
DATE
SUPERVISOR'S AUTHORIZATION

EMPLOYEE'S SIGNATURE
DATE
SUPERVISOR'S AUTHORIZATION



WEEK END. 6/10/06

Name Benjamin Holmes

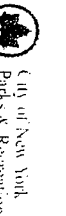
ERN

Title JTP

Borough Bronx

Reg Tour 7X330

Dist 11



WEEK END. 6/17

Name Benjamin Holmes

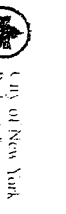
ERN

Title JTP

Borough Bronx

Reg Tour 7X330

Dist 11



WEEK END.

Name HOLMES, BENJAMIN

ERN

Title Job training participant 9110

Borough

Reg. Tour 7X330

HOURS WORKED									
TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	PD OT HRS	CT HRS			
S 7:00	12:00	12:30	3:30	8					
M	RPO								
T	RPO								
W 7:00	12:00	12:30	3:30	8					
T 7:00	12:00	12:30	3:30	8					
F 7:00	12:00	12:30	3:30	8					
S 7:00	12:00	12:30	3:30	8					
TOTALS				40					

HOURS WORKED									
TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	PD OT HRS	CT HRS			
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M	RPO								
T	RPO								
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S 7:00	12:00	12:30	3:30	8					
TOTALS				40					

HOURS WORKED									
TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	PD OT HRS	CT HRS			
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F 7:00	12:00	12:30	3:30	8					
S 7:00	12:00	12:30	3:30	8					
TOTALS				40					

TIMEKEEPING USE ONLY

TIMEKEEPING USE ONLY

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S	EVENT CODE	S	M	T	W	T	F	S	EVENT CODE	S	M	T	W	T	F	S
0100	8			8	8	8	8	0100	8			8	8	8	8	0100	8			8	8	8	8
8152	01							8152	01							8152	01						
8151							01	8151							01	8151							

TIME CARD NO. 9

REV. 11/03

TIME CARD NO. 9

REV. 11/03

TIME CARD NO. 9

REV. 11/03

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

0-cv-04046-LAP Document 4 Filed 06/10/10 Page 20

I/We attest to the accuracy of all time and leave information.

EMPLOYEE'S SIGNATURE *Bernard H. [Signature]* D

SUPervisor's AUTHORIZATION *C. D. [Signature]* 6/10/06 D

City of New York
Parks & Recreation

WEEK END.

week 26 6/25/2006 - 7/1/2006

Name

HOLMES, BENJAMIN

ERN

0333620 CD-0 BX21105

Job training participant 9110

Title

Reg. Tour: 7x330

Boro

City of New York
Parks & Recreation

WEEK END.

week 27 7/2/2006 - 7/8/2006

Name

HOLMES, BENJAMIN

ERN

0333620 CD-0 BX21105

Job training participant 9110

Title

Reg. Tour: 7x330

Boro

City of New York
Parks & Recreation

WEEK END.

week 28 7/9/2006 - 7/15/2006

Name

HOLMES, BENJAMIN

ERN

0333620 CD-0 BX21105

Job training participant 9110

Title

Reg. Tour: 7x330

Boro

HOURS WORKED					
TIME IN	LUNCH OUT	TIME OUT	REG HRS	PD OT HRS	CT HRS
S 7:00	12:00	12:30 3:30	8		
M 7:00	12:00	12:30 3:30	X	8	
T 7:00	12:00	12:30 3:30	8		
W 7:00	12:00	12:30 3:30	8		
T 7:00	12:00	12:30 3:30	8		
F 7:00	12:00	12:30 3:30	8		
S 7:00	12:00	12:30 3:30	8		
TOTALS			40	8	

HOURS WORKED					
TIME IN	LUNCH OUT	TIME OUT	REG HRS	PD OT HRS	CT HRS
S 7:00	12:00	12:30 3:30	8		
M 7:00	12:00	12:30 3:30	8		
T 7:00	12:00	12:30 3:30	8		
W 7:00	12:00	12:30 3:30	8		
T 7:00	12:00	12:30 3:30	8		
F 7:00	12:00	12:30 3:30	8		
S 7:00	12:00	12:30 3:30	8		
TOTALS			40		

HOURS WORKED					
TIME IN	LUNCH OUT	TIME OUT	REG HRS	PD OT HRS	CT HRS
S 7:00	12:00	12:30 3:30	8		
M 7:00	12:00	12:30 3:30	8		
T 7:00	12:00	12:30 3:30	8		
W 7:00	12:00	12:30 3:30	8		
T 7:00	12:00	12:30 3:30	8		
F 7:00	12:00	12:30 3:30	8		
S 7:00	12:00	12:30 3:30	8		
TOTALS			8		

TIMEKEEPING USE ONLY

TIMEKEEPING USE ONLY

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S	EVENT CODE	S	M	T	W	T	F	S
0100	8		8	8			8	0100	8		8	8			8
8152 01								8152 01							
8151								01 8151							
1001	8							7/19							

TIME CARD NO. 9

REV. 11/03

TIME CARD NO. 9

REV. 11/03

TIME CARD NO. 9

REV. 11/03

Before submitting, please make sure the following information appears on timcard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

SUN	MONTUE	WED	THU	FRI	SAT
-----	--------	-----	-----	-----	-----

I/We attest to the accuracy of all time and leave information.

Beyazin Haktanir

DATE _____

EMPLOYEE'S SIGNATURE _____ DATE *7/8/06*

SUPERVISOR'S AUTHORIZATION _____

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned
6. Leave Usage (Sick, Annual, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

cv-04046-LAP Document 4 Filed 06/10/10 Page 22 of 22

I/We attest to the accuracy of all time and leave information. .

Rajini Velamuri

EMPLOYEE'S SIGNATURE

C. Sengeth

SUPERVISOR'S AUTHORIZATION



City Of New York
Parks & Recreation

The Arsenal
Central Park
New York, New York 10021

Adrian Benepe
Commissioner

Borough of the Bronx

Ranaqua
1 Bronx River Parkway
Bronx, New York 10462



Parks Opportunity Job Training Program
Ranaqua

This letter is to verify that Benjamin Holmes was participating
(Participant's name)

in the Parks Opportunity Program / Employment Counseling on Thursday, August 03, 2006.
(Date)

Please credit him/her 8 hours of work on his/her time card.

If you have any questions please telephone (718) 430-4647.

Next Session: Thursday, August 17, 2006 @ 9:00am.

Thank You,

Trollenger Bryant
Trollenger Bryant
Bronx POP Senior Employment Counselor

NEW YORK CITY HOUSING AUTHORITY

WEBSTER
400 EAST 169TH STREET
BRONX 10456
718-293-4012

ANNUAL REVIEW-ADDITIONAL INFORMATION

Date: 7/18/01
TENANT ACCOUNT: 141-011-121
Annual Review Period 3rd/Qtr 7/1 - 9/31

SONIA PEREZ
1270 WEBSTER AVENUE 12B
BRONX, N.Y. 10456

Dear Tenant:

You recently received the Occupant's Affidavit of Income, requesting that you provide NYCHA information to verify your family composition and income. NYCHA has not yet received this information. Verification of your family composition and income is a legal requirement. You must provide this information if you wish to continue living in public housing.

DUE DATE: Please return all requested items to your Management office by 00/00/00.

If you FAIL to submit these forms by the due date, NYCHA can do any of the following:

- * Back-Charge your Rent account and charge you the amount of rent you should have paid if the papers were turned in on time.
- * Start TERMINATION OF TENANCY PROCEEDINGS to terminate your lease.

If you are not able to provide the information requested or if you have questions, need additional forms or help completing these forms, call or visit your Housing Assistant.

The following information is needed to complete your income review:

- 1 OCCUPANT'S AFFIDAVIT: Completed Occupant's Affidavit of Income (all 8 pages).



City Of New York
Parks & Recreation

The Arsenal
Central Park
New York, New York 10021

Adrian Benepe
Commissioner

Borough of the Bronx:

Ranaqua
1 Bronx River Parkway
Bronx, New York 10462



**Parks Opportunity Job Training Program
Ranaqua**

This letter is to verify that Benjamin Halmer was participating in the
(Participant's name)

Parks Opportunity Program / Employment Counseling on Thursday, July 20, 2006
(Date)

Please credit him/her 8 hours of work on his/her time card.

If you have any questions please telephone (718) 430-4639.

Next Session Date: Thursday, August 3, 2006 @ 1:00 pm

Thank You,

Trollinger Bryant
Trollinger Bryant

Bronx POP Senior Employment Counselor

Before submitting, please make sure the following information appears on timescard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

[illegible]

I/We attest to the accuracy of all time and leave information.

DATE

EMPLOYEE'S SIGNATURE

C. D. Smith Jr. 7/30/06

Before submitting, please make sure the following information appears on timecard

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

SUN	MON	TUE	WED	THU	FRI	SAT
				8 hrs pop training please pay 8 hrs.		

I/We attest to the accuracy of all time and leave information.

Employee's Signature: *[Signature]*
 DATE: 7/29/06
 SUPERVISOR'S AUTHORIZATION: *[Signature]*



City Of New York
Parks & Recreation

The Arsenal
Central Park
New York, New York 10021

Adrian Benepe
Commissioner

Borough of the Bronx

Ranaqua
1 Bronx River Parkway
Bronx, New York 10462



**Parks Opportunity Job Training Program
Ranaqua**

This is to verify that Benjamin Holmes was participating in the Parks Opportunity Program Employment Counseling on Thursday, August 17, 2006.

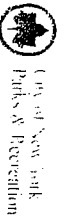
Please credit him/her 8 hours of work on his /her timecard.

If you have any questions please telephone (718) 430-4647.

Next Session: Thursday, August 31, 2006 @ 9:00am.

Thank You

Trollenger Bryant
Trollenger Bryant
Bronx POP Senior Employment Counselor



WEEK END.

Name: week 29 7/16/2006 - 7/22/2006
HOLMES, BENJAMIN
ERN 0333620 CD-0 BX21105
Job training participant 9110
Title Reg. Tour: 7x330
Borough:

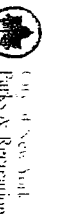
HOURS WORKED					
TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	PD OT HRS
S 7:00	12 1:30	3:30	8		
M	RDO				
T	RDO				
W 7:00	12 1:30	3:30	8		
T 7:00	12 1:30	3:30	8	5	
F 7:00	12 1:30	3:30	8		
S 7	12:00	12:30	3:30	8	
TOTALS				40	5

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8			8		8	8
4293					8		
8152	01						
8151							01
1405							
1002							

TIME CARD NO. 9

REV 11/03



WEEK END.

Name: week 30 7/23/2006 - 7/29/2006
HOLMES, BENJAMIN
ERN 0333620 CD-0 BX21105
Job training participant 9110
Title Reg. Tour: 7x330
Borough:

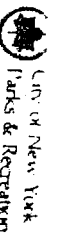
HOURS WORKED					
TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	PD OT HRS
S 7:00	12:00	12:30	3:30	8	
M	RMO				
T	RMO				
W 7:00	12:00	12:30	3:30	8	
T 7:00	12 12:30	3:30	8		
F 7:00	12:00	12:30	12:30	5	
S 7-	12:00	12:30	3:30	8	
TOTALS				37	

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8			8	8	5	8
8152	01						
8151							01

TIME CARD NO. 9

REV 11/03



WEEK END.

Name: week 31 7/30/2006 - 8/5/2006
HOLMES, BENJAMIN
SS# 0333620 CD-0 BX21105
Job training participant 9110
Title Reg. Tour: 7x330
Borough:

HOURS WORKED					
TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	PD OT HRS
S 7-	12 12:30	3:30	8		
M	RMO				
T	RMO				
W	DIF				
T	POD			8	
F 7:00	12 12:30	3:30	8		
S 7:00	12:00	12:30	3:30	8	
TOTALS				38	

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8					8	8
8152	01						
4293					8		
8151							01

TIME CARD NO. 9

REV 2/01

week 32 8/6/2006 - 8/12/2006

Name HOLMES, BENJAMIN
SS# 0333620 CD- 0 BX21105
Title Job training participant 9110
Reg. Tour: 7X3

Boro.

	HOURS WORKED				
	TIME IN	LUNCH OUT IN	TIME OUT	REG HRS	PD OT HRS
S	700	1200 1230	330	8	
M	R	O			
T	R	O			
W	700	1200 1230	330	8	
T	700	1200 1230	330	8	
F	700	1200 1230	330	8	
S	700	1200 1230	330	8	
TOTALS				40	

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8			8	8	8	8
8152	01						
8151							01

TIME CARD NO. 9

REV 2/93

week 33 8/13/2006 - 8/19/2006

Name HOLMES, BENJAMIN
SS# 0333620 CD- 0 BX21105
Title Job training participant 9110
Reg. Tour: 7X3

Boro.

	HOURS WORKED				
	TIME IN	LUNCH OUT IN	TIME OUT	REG HRS	PD OT HRS
S	700	1200 1230	330	8	X
M	R	O			X
T	R	O			X
W	700	1200 1230	330	8	
T	700	1200 1230	330	8	
F	700	1200 1230	330	8	
S	700	1200 1230	330	8	
TOTALS				32	X

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100				8		8	8
4293					8		
8151							01

TIME CARD NO. 9

REV 2/93

week 34 8/20/2006 - 8/26/2006

Name HOLMES, BENJAMIN
ERN 0333620 CD- 0 BX21105
Title Job training participant 9110
Reg. Tour: 7X3

Boro.

	HOURS WORKED				
	TIME IN	LUNCH OUT IN	TIME OUT	REG HRS	PD OT HRS
S	700	1200 1230	330	8	
M		R			
T		R			
W	700	1200 1230	330	8	
T	700	1200 1230	330	8	
F					
S	700	1200 1230	330	8	
TOTALS				32	

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8			8	8		8
8152	01						
8151							

TIME CARD NO. 9

REV 11/01

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

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I/We attest to the accuracy of all time and leave information.

EMPLOYEE'S SIGNATURE *[Signature]* DATE *8/26/06*
SUPERVISOR'S AUTHORIZATION *[Signature]* DATE *8/26/06*

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and/or Remarks

S	
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H	Phone pay 8 hrs per training
U	See Doc Attached (re)
F	
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I/We attest to the accuracy of all time and leave information.

EMPLOYEE'S SIGNATURE *[Signature]* DATE *8/20/06*
SUPERVISOR'S AUTHORIZATION *[Signature]* DATE *8/20/06*

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and/or Remarks

S	
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I/We attest to the accuracy of all time and leave information.

EMPLOYEE'S SIGNATURE *[Signature]* DATE *8/16/06*
SUPERVISOR'S AUTHORIZATION *[Signature]* DATE *8/12/06*

MONTEFIORE MEDICAL CENTER
PRIMARY CARE MEDICINE
344 East 210th Street, Bronx, N.Y. 10467
344 Kossuth Avenue
Bronx, New York 10467

MONTEFIORE MEDICAL CENTER

344 East 210th Street, Bronx, N.Y. 10467

Date

9-1-06

TO WHOM IT MAY CONCERN:

This is to certify that

was seen in our

MR. Holmes, Benjamin
Primary Care Med PAB

clinic today.

Patricia Chen, P.S.

OUTPATIENT DEPARTMENT
MONTEFIORE MEDICAL CENTER

ACU - 1765



**City Of New York
Parks & Recreation**

The Arsenal
Central Park
New York, New York 10021

Adrian Benepe
Commissioner

Borough of the Bronx

Ranaqua
1 Bronx River Parkway
Bronx, New York 10462



**Parks Opportunity Job Training Program
Ranaqua**

This is to verify that Benjamin Holmes was participating in the Parks
Opportunity Program Employment Counseling on Thursday, August 31, 2006.

Please credit him/her 3 hours of work on his /her timecard.

If you have any questions please telephone (718) 430-4647.

Next Session: Thursday, September 21, 2006 @1:00pm.

Thank You

Trollenger Bryant
Trollenger Bryant
Bronx POP Senior Employment Counselor



**City Of New York
Parks & Recreation**

The Arsenal
Central Park
New York, New York 10021

Adrian Benepe
Commissioner

Borough of the Bronx

Ranaqua
1 Bronx River Parkway
Bronx, New York 10462



**Parks Opportunity Job Training Program
Ranaqua**

This letter is to verify that Benjamin Holmes was participating
(Participant's name)

in the Parks Opportunity Program / Employment Counseling on Thursday, September 07, 2006
(Date)

Please credit him/her 4 hours of work on his/her time card.

If you have any questions please telephone (718) 430-4607.

Your next return date is: Thursday, September 21, 2006 @ 9:00am

Thank You,

Marilyn Arauz
Bronx POP Administrative Assistant

City of New York
Parks & Recreation

WEEK END. _____

Nat week 35 8/27/2006 - 9/2/2006
 ERN HOLMES, BENJAMIN
 0333620 CD-0 BX21105
 Title Job training participant 9110
 Reg. Tour: 7x 330
 Bor

	TIME			LUNCH			TIME			REG			PD			CT		
	IN	OUT	IN	OUT	IN	OUT	OUT	OUT	OUT	HRS	OT	HRS	OT	OT	HRS	OT	OT	HRS
S	7:00	12:00	12:30	3:30						8								
M																		
T																		
W	7:00	12:00	12:30	3:30						8								
T																		
F	11:30									3:30								
S	7:00	12:00	12:30	3:30						8								
TOTALS										36								

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8			8		4	8
4293					8		
8152 01							
8151							01

TIME CARD NO. 9

REV. 11/03

City of New York
Parks & Recreation

WEEK END. _____

Nat week 36 9/3/2006 - 9/9/2006
 ERN HOLMES, BENJAMIN
 0333620 CD-0 BX21105
 Title Job training participant 9110
 Reg. Tour: 7x 330
 Bor

	TIME			LUNCH			TIME			REG			PD			CT		
	IN	OUT	IN	OUT	IN	OUT	OUT	OUT	OUT	HRS	OT	HRS	OT	OT	HRS	OT	OT	HRS
S	7:00	12:00	12:30	3:30						8								
M	7:00	12:00	12:30	3:30						X								
T																		
W	7:00	12:00	12:30	3:30						8								
T																		
F	7:00	12:00	12:30	3:30						8								
S	7:00	12:00	12:30	3:30						8								
TOTALS										40								

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8			8		8	8
8152 01							
8151							01
4293							
1405							
7002							

TIME CARD NO. 9

REV. 11/03

City of New York
Parks & Recreation

WEEK END. _____

Nat week 37 9/10/2006 - 9/16/2006
 ERN HOLMES, BENJAMIN
 0333620 CD-0 BX21105
 Title Job training participant 9110
 Reg. Tour: 7x 330
 Bor

	TIME			LUNCH			TIME			REG			PD			CT		
	IN	OUT	IN	OUT	IN	OUT	OUT	OUT	OUT	HRS	OT	HRS	OT	OT	HRS	OT	OT	HRS
S	7:00	12:00	12:30	3:30						8								
M	7:00	12:00	12:30	3:30						X								
T	7:00	12:00	12:30	3:30						8								
W	7:00	12:00	12:30	3:30						8								
T	7:00	12:00	12:30	3:30						8								
F	7:00	12:00	12:30	3:30														
S	7:00	12:00	12:30	3:30						8								
TOTALS										40								

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8			8		8	8
8152 01							
8151							01
1405							
7002							

TIME CARD NO. 9

REV. 11/03

DATE 9/8/06

DATE 9/8/06

[Signature]
EMPLOYEE'S SIGNATURE

[Signature]
SUPERVISOR'S AUTHORIZATION



**City Of New York
Parks & Recreation**

The Arsenal
Central Park
New York, New York 10021

Adrian Benepe
Commissioner

Borough of the Bronx

Ranaqua
1 Bronx River Parkway
Bronx, New York 10462



**Parks Opportunity Job Training Program
Ranaqua**

This is to verify that Benjamin Holmes was participating in the Parks
Opportunity Program Employment Counseling on Thursday, October 5, 2006.

Please credit him/her 8 hours of work on his /her timecard.

If you have any questions please telephone (718) 430-4647.

Thank You

Trollenger Bryant

Trollenger Bryant
Bronx POP Senior Employment Counselor



City Of New York
Parks & Recreation

The Arsenal
Central Park
New York, New York 10021

Adrian Benepe
Commissioner

Borough of the Bronx

Ranaqua
1 Bronx River Parkway
Bronx, New York 10462



PARKS OPPORTUNITY PROGRAM

Parks Opportunity Job Training Program Ranaqua

This is to verify that Benjamin G. Holme was participating in the Parks
Opportunity Program Employment Counseling on Thursday, September 21, 2006.

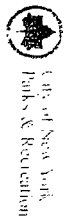
Please credit him/her 3 hours of work on his /her timecard.

If you have any questions please telephone (718) 430-4647.

Next Session: Thursday, October 5, 2006 @ 9:00am.

Thank You

Trollenger Bryant
Trollenger Bryant
Bronx POP Senior Employment Counselor



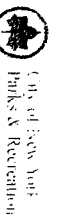
WEEK END.

Name week 38 9/17/2006 - 9/23/2006
ERN HOLMES, BENJAMIN
0333620 CD-0 BX21105
Title Job training participant 9110
Borough Reg. Tour: 7x3330

	TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	PD		CT HRS
						OT	HRS	
S	7:00	12	12:30	3:30	5			
M								
T								
W	7:00	12	12:30	3:30	5			
T								
F	7:00	12	12:30	3:30	5			
S	7:00	12	12:30	3:30	5			
TOTALS					40			

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8			8		8	8
4293					8		
8152	01						
8151							01



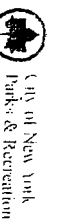
WEEK END.

Name week 39 9/24/2006 - 9/30/2006
ERN HOLMES, BENJAMIN
0333620 CD-0 BX21105
Title Job training participant 9110
Borough Reg. Tour:

	TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	PD		CT HRS
						OT	HRS	
S	7:00	12	12:30	3:30	5			
M								
T								
W	7:00	12	12:30	3:30	5			
T	7:00	12	12:30	3:30	5			
F	7:00	12	12:30	3:30	5			
S	7:00	12	12:30	3:30	5			
TOTALS					40			

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8			8	8	8	8
8152	01						
8151							01



WEEK END.

Name Holmes, Benjamin
ERN 0333620
Title JTR Reg Tour 7
Borough BX Dist 11

	TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	PD		CT HRS
						OT	HRS	
S	7:00	12	12:30	3:30	5			
M								
T	7:00	12	12:30	3:30	5			
W	7:00	12	12:30	3:30	5			
T	7:00	12	12:30	3:30	5			
F	7:00	12	12:30	3:30	5			
S	7:00	12	12:30	3:30	5			
TOTALS					40			

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100			8	8		8	8
4293					8		
8151							01

TIME CARD NO. 9

REV. 11/03

TIME CARD NO. 9

REV. 11/03

TIME CARD NO. 9

REV. 11/03

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

S	U	N	M	O	N	T	U	E	W	E	D	T	H	U	F	R	I	S	A	T

I/We attest to the accuracy of all time and leave information.

Employee's Signature: *Bayan Halman* DATE: 10/8/06
Supervisor's Authorization: *G. Tr* DATE: 10/8/06

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

S	U	N	M	O	N	T	U	E	W	E	D	T	H	U	F	R	I	S	A	T

I/We attest to the accuracy of all time and leave information.

Employee's Signature: *Bayan Halman* DATE: 10/11/06
Supervisor's Authorization: *G. Tr* DATE: 10/11/06

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

S	U	N	M	O	N	T	U	E	W	E	D	T	H	U	F	R	I	S	A	T

I/We attest to the accuracy of all time and leave information.

Employee's Signature: *Bayan Halman* DATE: 9/24/06
Supervisor's Authorization: *C. S. Inflet* DATE: 9/24/06

MONTEFIORE



MONTEFIORE MEDICAL CENTER

The University Hospital
for the Albert Einstein
College of Medicine

111 East 210th Street
Bronx, NY 10467-2490
718-920-5731

HOLMES, BENJAMIN
MR#01287053 ED MOSES

Date: 10/16/09

To Whom It May Concern

DOB: 04/19/1953
ACCT: 154594550

Patient: _____ SS #: _____

This is to verify that the above named patient was registered in our emergency room

on 10/16/09

He / She was seen, treated and released on 10/16/09

He / She may return to: ☒ Work on 10/19/09

☐ School on _____

MD / PA / NP (print)

Signature



City of New York
Parks & Recreation

Arsenal West
24 West 61st Street
New York, New York 10023

Adrian Benepe
Commissioner

October 26th, 2006

To Whom It May Concern:

This is to confirm that Benjamin Thomas attended the Parks Opportunity Program Job Fair on Thursday, October 26th, 2006. Please credit him/her for 8 hours.

If you have any further questions, please call me at 212-830-7754.

Sincerely,

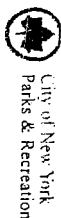
Catherine Frangioni
Assistant Director
Marketing & Employment Services
Parks Opportunity Program

Katia Zaharieva
Assistant Director
Job Development
Parks Opportunity Program

Gal Lavid
Employment Specialist
Parks Opportunity Program

Jason Deo
Program Analyst
Parks Opportunity Program

0012600412011



WEEK END.

Name week 44 10/29/2006 - 11/4/2006
HOLMES, BENJAMIN
ERN 0333620 CD-0 BX21105
Title Job training participant 9110
Borough Reg. Tour: 743

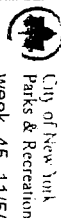
	TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	HOURS WORKED	
						PD OT HRS	CT HRS
S	7:00	12	12:50	3:30	8	X	X
M	7:00	12:15	12:30	3:30	8		
T		RDO					
W		RDO					
T	7:00	12:00	12:30	3:30	8		
F	7:00	12:00	12:30	3:30	8		
S	7:00	12:00	12:30	3:30	8		
TOTALS					40	X	X

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8	8			8	8	8
8152	01						
8151							01

TIME CARD NO. 9

REV. 11/03



WEEK END.

Name week 45 11/5/2006 - 11/11/2006
HOLMES, BENJAMIN
ERN 0333620 CD-0 BX21105
Title Job training participant 9110
Borough Reg. Tour: 743

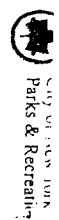
	TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	HOURS WORKED	
						PD OT HRS	CT HRS
S	7:00	12:00	12:30	3:30	8	X	X
M	7:00	12:00	12:30	3:30	8		
T		RDO					
W		RDO					
T	7:00	12:00	12:30	3:30	8		
F	7:00	12:00	12:30	3:30	8		
S	7:00	12:00	12:30	3:30	8		
TOTALS					40	X	X

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8	8			8	8	8
8152	01						
8151							01

TIME CARD NO. 9

REV. 11/03



WEEK END.

Name week 46 11/12/2006 - 11/18/2006
HOLMES, BENJAMIN
ERN 0333620 CD-0 BX21105
Title Job training participant 9110
Borough Reg. Tour: 743

	TIME IN	LUNCH OUT	TIME IN	TIME OUT	REG HRS	HOURS WORKED	
						PD OT HRS	CT HRS
S	7:00	12:00	12:30	3:30	8	X	X
M		POPP			8		
T		POPP			8		
W		POPP			8		
T		RDO					
F		RDO					
S	7:00	12:00	12:30	3:30	8		
TOTALS					40	X	X

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8						8
4293		8	8	8			
8152	01						
8151							01

TIME CARD NO. 9

REV. 11/03

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

S U N M O N T U E W E D T H U F R I S A T

I/We attest to the accuracy of all time and leave information.

EMPLOYEE'S SIGNATURE
DATE 11/9/06
SUPERVISOR'S AUTHORIZATION

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

S U N M O N T U E W E D T H U F R I S A T

I/We attest to the accuracy of all time and leave information.

EMPLOYEE'S SIGNATURE
DATE 11/13/06
SUPERVISOR'S AUTHORIZATION

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

S U N M O N T U E W E D T H U F R I S A T

I/We attest to the accuracy of all time and leave information.

EMPLOYEE'S SIGNATURE
DATE 11/19/06
SUPERVISOR'S AUTHORIZATION

Please pay 8 hrs pop training
see ATTACHED DOC. (P)
Please pay 8 hrs pop training
see ATTACHED DOC. (P)
Please pay 8 hrs pop training
see ATTACHED DOC. (P)

City Human Resource Management System
City of New York
Pay Inquiry for

Run Date: 5/13/10
Run Time: 9:44 AM

HOLMES, BENJAMIN	0333620	A	846 - DPR	JOB TRAINING PARTICIPANT	\$8.16
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Between Jan 1, 2006 and Dec 31, 2006

Bal Num	Event Type	Event Description	Date Earned	Date Paid	Amount	Hours
10	100	REC REG GRSS	Aug 3, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 4, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 5, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 6, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 9, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 10, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 11, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 12, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 16, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 17, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 18, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 19, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 20, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 23, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 24, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 26, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 27, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 30, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Aug 31, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 1, 2006	Dec 1, 2006	\$0.64	0:00
10	100	REC REG GRSS	Sep 2, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 3, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 6, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 7, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 8, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 9, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 10, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 12, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 13, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 14, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 16, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 17, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 20, 2006	Dec 1, 2006	\$1.28	0:00

City Human Resource Management System
City of New York
Pay Inquiry for

Run Date: 5/13/10

Run Time: 9:44 AM

HOLMES, BENJAMIN	0333620	A	846 - DPR	JOB TRAINING PARTICIPANT	\$8.16
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Between Jan 1, 2006 and Dec 31, 2006

Bal Num	Event Type	Event Description	Date Earned	Date Paid	Amount	Hours
10	100	REC REG GRSS	Sep 21, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 22, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 23, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 24, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 27, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 28, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 29, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Sep 30, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 3, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 4, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 5, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 6, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 7, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 8, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 9, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 10, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 19, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 20, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 21, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 22, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 23, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 24, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 25, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 26, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 29, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Oct 30, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Nov 2, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Nov 3, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Nov 4, 2006	Dec 1, 2006	\$1.28	0:00
10	100	REC REG GRSS	Nov 5, 2006	Dec 1, 2006	\$65.28	8:00
10	100	REC REG GRSS	Nov 6, 2006	Dec 1, 2006	\$65.28	8:00
10	100	REC REG GRSS	Nov 9, 2006	Dec 1, 2006	\$65.28	8:00
10	100	REC REG GRSS	Nov 10, 2006	Dec 1, 2006	\$65.28	8:00

City Human Resource Management System
City of New York
Pay Inquiry for

Run Date: 5/13/10
Run Time: 9:44 AM

HOLMES, BENJAMIN	0333620	A	846 - DPR	JOB TRAINING PARTICIPANT	\$8.16
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Between Jan 1, 2006 and Dec 31, 2006

Bal Num	Event Type	Event Description	Date Earned	Date Paid	Amount	Hours
10	100	REC REG GRSS	Nov 11, 2006	Dec 1, 2006	\$65.28	8:00
10	100	REC REG GRSS	Nov 12, 2006	Dec 1, 2006	\$65.28	8:00
10	100	REC REG GRSS	Nov 13, 2006	Dec 1, 2006	\$65.28	8:00
10	100	REC REG GRSS	Nov 14, 2006	Dec 1, 2006	\$65.28	8:00
10	100	REC REG GRSS	Nov 15, 2006	Dec 1, 2006	\$65.28	8:00
10	100	REC REG GRSS	Nov 18, 2006	Dec 1, 2006	\$65.28	8:00
140	1405	OT PREMIUM	Sep 4, 2006	Dec 1, 2006	\$1.92	0:00
140	1405	OT PREMIUM	Oct 28, 2006	Dec 1, 2006	\$1.92	0:00
10	100	REC REG GRSS	Oct 22, 2006	Nov 17, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 23, 2006	Nov 17, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 24, 2006	Nov 17, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 25, 2006	Nov 17, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 26, 2006	Nov 17, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 29, 2006	Nov 17, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 30, 2006	Nov 17, 2006	\$64.00	8:00
10	100	REC REG GRSS	Nov 2, 2006	Nov 17, 2006	\$64.00	8:00
10	100	REC REG GRSS	Nov 3, 2006	Nov 17, 2006	\$64.00	8:00
10	100	REC REG GRSS	Nov 4, 2006	Nov 17, 2006	\$64.00	8:00
140	1405	OT PREMIUM	Oct 28, 2006	Nov 17, 2006	\$96.00	8:00
10	100	REC REG GRSS	Oct 8, 2006	Nov 3, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 9, 2006	Nov 3, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 10, 2006	Nov 3, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 19, 2006	Nov 3, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 20, 2006	Nov 3, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 21, 2006	Nov 3, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 24, 2006	Oct 20, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 27, 2006	Oct 20, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 28, 2006	Oct 20, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 29, 2006	Oct 20, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 30, 2006	Oct 20, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 3, 2006	Oct 20, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 4, 2006	Oct 20, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 5, 2006	Oct 20, 2006	\$64.00	8:00

**City Human Resource Management System
City of New York
Pay Inquiry for**

Run Date: 5/13/10

Run Time: 9:44 AM

HOLMES, BENJAMIN	0333620	A	846 - DPR	JOB TRAINING PARTICIPANT	\$8.16
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Between Jan 1, 2006 and Dec 31, 2006

Bal Num	Event Type	Event Description	Date Earned	Date Paid	Amount	Hours
10	100	REC REG GRSS	Oct 6, 2006	Oct 20, 2006	\$64.00	8:00
10	100	REC REG GRSS	Oct 7, 2006	Oct 20, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 10, 2006	Oct 6, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 12, 2006	Oct 6, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 13, 2006	Oct 6, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 14, 2006	Oct 6, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 16, 2006	Oct 6, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 17, 2006	Oct 6, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 20, 2006	Oct 6, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 21, 2006	Oct 6, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 22, 2006	Oct 6, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 23, 2006	Oct 6, 2006	\$64.00	8:00
140	1405	OT PREMIUM	Sep 4, 2006	Oct 6, 2006	\$96.00	8:00
10	100	REC REG GRSS	Aug 27, 2006	Sep 22, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 30, 2006	Sep 22, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 31, 2006	Sep 22, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 1, 2006	Sep 22, 2006	\$32.00	4:00
10	100	REC REG GRSS	Sep 2, 2006	Sep 22, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 3, 2006	Sep 22, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 6, 2006	Sep 22, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 7, 2006	Sep 22, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 8, 2006	Sep 22, 2006	\$64.00	8:00
10	100	REC REG GRSS	Sep 9, 2006	Sep 22, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 16, 2006	Sep 8, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 17, 2006	Sep 8, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 18, 2006	Sep 8, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 19, 2006	Sep 8, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 20, 2006	Sep 8, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 23, 2006	Sep 8, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 24, 2006	Sep 8, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 26, 2006	Sep 8, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 30, 2006	Aug 25, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 3, 2006	Aug 25, 2006	\$64.00	8:00

City Human Resource Management System
City of New York
Pay Inquiry for

Run Date: 5/13/10
Run Time: 9:44 AM

HOLMES, BENJAMIN	0333620	A	846 - DPR	JOB TRAINING PARTICIPANT	\$8.16
Between Jan 1, 2006 and Dec 31, 2006					

Bal Num	Event Type	Event Description	Date Earned	Date Paid	Amount	Hours
10	100	REC REG GRSS	Aug 4, 2006	Aug 25, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 5, 2006	Aug 25, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 6, 2006	Aug 25, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 9, 2006	Aug 25, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 10, 2006	Aug 25, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 11, 2006	Aug 25, 2006	\$64.00	8:00
10	100	REC REG GRSS	Aug 12, 2006	Aug 25, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 16, 2006	Aug 11, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 19, 2006	Aug 11, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 20, 2006	Aug 11, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 21, 2006	Aug 11, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 22, 2006	Aug 11, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 23, 2006	Aug 11, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 26, 2006	Aug 11, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 27, 2006	Aug 11, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 28, 2006	Aug 11, 2006	\$40.00	5:00
10	100	REC REG GRSS	Jul 29, 2006	Aug 11, 2006	\$64.00	8:00
140	1405	OT PREMIUM	Jul 20, 2006	Aug 11, 2006	\$60.00	5:00
10	100	REC REG GRSS	Jul 2, 2006	Jul 28, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 4, 2006	Jul 28, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 5, 2006	Jul 28, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 7, 2006	Jul 28, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 8, 2006	Jul 28, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 9, 2006	Jul 28, 2006	\$64.00	8:00
140	1405	OT PREMIUM	Jun 26, 2006	Jul 28, 2006	\$96.00	8:00
10	100	REC REG GRSS	Jun 18, 2006	Jul 14, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 20, 2006	Jul 14, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 21, 2006	Jul 14, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 23, 2006	Jul 14, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 24, 2006	Jul 14, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 25, 2006	Jul 14, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 27, 2006	Jul 14, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 28, 2006	Jul 14, 2006	\$64.00	8:00

City Human Resource Management System
City of New York
Pay Inquiry for

Run Date: 5/13/10
Run Time: 9:44 AM

HOLMES, BENJAMIN	0333620	A	846 - DPR	JOB TRAINING PARTICIPANT	\$8.16
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Between Jan 1, 2006 and Dec 31, 2006

Bal Num	Event Type	Event Description	Date Earned	Date Paid	Amount	Hours
10	100	REC REG GRSS	Jun 29, 2006	Jul 14, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jul 1, 2006	Jul 14, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 4, 2006	Jun 30, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 7, 2006	Jun 30, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 8, 2006	Jun 30, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 9, 2006	Jun 30, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 10, 2006	Jun 30, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 11, 2006	Jun 30, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 14, 2006	Jun 30, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 15, 2006	Jun 30, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 16, 2006	Jun 30, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 17, 2006	Jun 30, 2006	\$64.00	8:00
10	100	REC REG GRSS	May 21, 2006	Jun 16, 2006	\$64.00	8:00
10	100	REC REG GRSS	May 24, 2006	Jun 16, 2006	\$64.00	8:00
10	100	REC REG GRSS	May 26, 2006	Jun 16, 2006	\$64.00	8:00
10	100	REC REG GRSS	May 27, 2006	Jun 16, 2006	\$64.00	8:00
10	100	REC REG GRSS	May 28, 2006	Jun 16, 2006	\$60.00	7:30
10	100	REC REG GRSS	May 31, 2006	Jun 16, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 1, 2006	Jun 16, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 2, 2006	Jun 16, 2006	\$64.00	8:00
10	100	REC REG GRSS	Jun 3, 2006	Jun 16, 2006	\$64.00	8:00
140	1400	OT STRAIGHT	May 29, 2006	Jun 16, 2006	\$4.00	0:30
140	1405	OT PREMIUM	May 29, 2006	Jun 16, 2006	\$90.00	7:30
10	100	REC REG GRSS	May 18, 2006	Jun 2, 2006	\$44.00	5:30
10	100	REC REG GRSS	May 19, 2006	Jun 2, 2006	\$64.00	8:00
10	100	REC REG GRSS	May 20, 2006	Jun 2, 2006	\$60.00	7:30
Total:					\$8197.36	994:30



Fairs & Recreation

WEEK END.
week 43 10/22/2006 - 10/28/2006

Name HOLMES, BENJAMIN
ERN 0333620 CD-0 BX21105
Title Job training participant 9110
Reg. Tour: 7:30
Borough Dist

	TIME		LUNCH		TIME		HOURS WORKED		
							REG	PD	CT
	IN	OUT	OUT	IN	OUT	OUT	HRS	OT	HRS
S	7:00	12:00	12:30	12:30	3:30		8		X
M	7:00	12:00	12:30	12:30	3:30		8		
T	7:00	12:00	12:30	12:30	3:30		X		
W	7:00	12:00	12:30	12:30	3:30		X		
T						POF	8		
F						RDO			
S	7:00	12:00	12:30	12:30	3:30		8		
TOTALS							40	8	X

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8	8	8	8			
4293				8			
8152	01						
8151							01
1405							8
1002							

TIME CARD NO. 9
REV 11/03
11/01



WEEK END.
week 42 10/16/2006 - 10/21/2006

Name HOLMES, BENJAMIN
ERN 0333620 CD-0 BX21105
Title Job training participant 9110
Reg. Tour: 7:30
Borough Dist

	TIME		LUNCH		TIME		HOURS WORKED		
							REG	PD	CT
	IN	OUT	OUT	IN	OUT	OUT	HRS	OT	HRS
S						SICK			X
M						SICK			
T						RDO			
W						RDO			
T	7:00	12:00	12:30	12:30	3:30		8		
F	7:00	12:00	12:30	12:30	3:30		8		
S	7:00	12:00	12:30	12:30	3:30		8		
TOTALS							24	X	X

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100					8	8	8
8152							01

TIME CARD NO. 9
REV 11/03
10/24



WEEK END.
week 41 10/8/2006 - 10/14/2006

Name HOLMES, BENJAMIN
ERN 0333620 CD-0 BX21105
Title Job training participant 9110
Reg. Tour: 7:30
Borough Dist

	TIME		LUNCH		TIME		HOURS WORKED		
							REG	PD	CT
	IN	OUT	OUT	IN	OUT	OUT	HRS	OT	HRS
S	7:00	12:00	12:30	12:30	3:30		8		X
M	7:00	12:00	12:30	12:30	3:30		8		
T	7:00	12:00	12:30	12:30	3:30		8		
W						RDO			
T						RDO			
F						SICK			
S						SICK			
TOTALS							24	X	X

TIMEKEEPING USE ONLY

EVENT CODE	S	M	T	W	T	F	S
0100	8	8	8				
8152	01						

TIME CARD NO. 9
REV 11/03
10/17



**City Of New York
Parks & Recreation**

The Arsenal
Central Park
New York, New York 10021

Adrian Benepe
Commissioner

Borough of the Bronx

Ranaqua
1 Bronx River Parkway
Bronx, New York 10462



**Parks Opportunity Job Training Program
Ranaqua**

This letter is to verify that Benjamin Holmes attended job interviews on November 13, 14 & 15, 2006

Please credit him/her **24** hours of work on his/her timecard.

If you have any questions please call (718) 430-4634.

Thank You,

William Munoz
Employment Specialist

[www.nyc.gov / parks](http://www.nyc.gov/parks)

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
2. Time In and Time Out
3. Indicate AM & PM hours
4. Lunch Hours
5. CT / Paid OT Hours Earned & Reasons
6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

S	
U	
N	
M	
O	
N	
T	
U	
E	
W	
E	
D	
T	
H	
U	Pop Doc Attached (10/12/06)
F	
R	
I	
S	
A	
T	

I/We attest to the accuracy of all time and leave information.

EMPLOYEE'S SIGNATURE
DATE
SUPERVISOR'S AUTHORIZATION

Before submitting, please make sure the following information appears on timecard:

1. Regular Tour of Duty
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6. Leave Usage (Sick, Annual, Comp. Time, etc.)
7. Attach All Necessary Documentation
8. Supervisor's Signature

Reasons for CT, Paid OT and / or Remarks

S	
U	See Attached note, (10/12/06)
N	
M	
O	See Attached note, (10/12/06)
N	
T	
U	
E	
W	
E	
D	
T	
H	
U	
F	
R	
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S	
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I/We attest to the accuracy of all time and leave information.

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Reasons for CT, Paid OT and / or Remarks

S	
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I/We attest to the accuracy of all time and leave information.

EMPLOYEE'S SIGNATURE
DATE
SUPERVISOR'S AUTHORIZATION



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Parks & Recreation**

The Arsenal
Central Park
New York, New York 10021

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Commissioner

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